

TOWN OF MARION PLANNING BOARD
Two Spring Street
Marion, MA 02738
508-748-3517

APPLICATION FOR SPECIAL PERMIT
FORM 3A

Name of Applicant:

Applicant's Mailing Address:

Applicant's Telephone Number:

Location of Subject Property:

Zoning District:

Plat:

Lot:

COMPLETE AS APPLICABLE

I request that the Marion Planning Board grant a Special Permit under
Section _____

of the Marion Zoning By-law to allow: _____

Attachments:

Signed: _____

Date: _____

Received by Planning Board

Received by Town Clerk

Date:

Date:

Signed:

Signed: